59-00'7696 THE DIVISION OF HEALTH OF MISSOURI ealth. STANDARD CERTIFICATE OF DEATH Welfore aildu ervice 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY 4206 Delmar Blvd. b. COUNTY · STATE Missouri 300 -57 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits St. Louis St. Louis Yes 🗍 No 🗍 Yes No TOWN TOWN c. FULL NAME OF (If NOT in hospital, give location) | Length of stay in 1b d. STREET STREET ADDRESS 4206 Delmar Blvd. Reside on Form HUSPITAL OR 4206 Delma Yes 🔲 No 🔲 NAME OF DECEASED First Last 4. DATE Month Day Year (Type or print) OF Lillie Taylor 2-28 - 59DEATH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. MARRIED NEVER MARRIED last birthday) Months Days 9-8-1910 WIDOWED [ Female 3 Negro i DIVORCED 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Bolivar County, Miss. | U.S.A. Housewife 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE 136. MOTHER'S MAIDEN NAME Andrew Taylor Mattie Anderson Plez Johnson 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address POSSIBL (es, no, or unknown) (If yes, give war ar dates of service) Andrew Taylor 4206 Delmar Blvd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN Mesteusion Cardio ONSET AND DEATH TYPEWRITE IF IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. 19. WAS AUTOPSY 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERFORMED? YES NO X 20o. ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 20c. TIME OF Hour Month, Day, Year ᆱ All diseases in Part I must be INJURY a.m. > D.M. 20d. INJURY OCCURRED 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT NOT WHILE farm, factory, street, office bldg., etc.) WORK AT WORK 21. I attended the deceased (a m on the date stated above; and to the best of my knowledge, from the causes stated Death occurred at 22a. SIGNATURE 230. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) St.Louis County, Oakdale 3-5-59 removal 24. FUNERAL DIRECTOR ADDRESS 26. REGISTRAR'S/SIGNATURE 25. DATE RECD. BY LOCAL REG. Dement & Son 2629-31 Cole St. (Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure

by me, or by		, Student Embalmer No
working under my personal supe		
StudentSignature of Student E	Signe	It Claude Gordon
		Licensed Embalmer No. 3489
		Licensed Embalmer No

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.